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Arizona Corporation

DOCKETED



APR 5 2004

Arizona Corporation Commission  
1200 West Washington - Hrg  
Phoenix, Arizona 85007-2996  
Div./Docket

*[Handwritten signature]*

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

516

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

**RECEIVED**

1. Article Addressed to:  
**Clare H. Abel**

**Burch & Cracchiolo, PA**

**702 East Osborn Road**

**Phoenix, AZ 85014**

2004 APR -5 A 11:11



21804442010000006586

3. Service Type ☒ **CERTIFIED**

Date of Delivery

**APR 1 2004**

AZ CORP COMMISSION  
DOCUMENT CONTROL

Received By: (Print Name)

*Bob S. Cracchiolo*

Signature - (Addressee or Agent)

*[Signature]*

**SW 035754 03 0586**

PS Form 3811

**DOMESTIC RETURN RECEIPT**

Enter delivery address if different than item 1.